

Serial Number: Unknown
Filing Date: Herewith
Title: PCI VACCINATION

In claim 13, line 5-6, please delete "any one of claims 2 or 7 to 9" and insert --claim 2-- therefor.

In claim 14, line 4, please delete "in any one of claims 1 to 12" and insert --claim 1-- therefor.

In claim 16, line 2, please delete "any of the preceding claims" and insert --claim 2-- therefor.

In claim 18, line 1, please delete “or claim 17”.

In claim 19, line 1, please delete “any one of claims 16 to 18” and insert --claim 16-- therefor.

In claim 20, line 2, please delete "any one of claims 1 to 5 or claim 9" and insert --claim 1-- therefor.

In claim 20, lines 3-4, please delete ~~“any one of claims 2 or 7 to 9”~~ and insert ~~--claim 2--~~ therefor.

In claim 21, lines 5-6, please delete "any one of claims 1 to 5 or claim 9" and insert -- claim 1-- therefor.

In claim 21, line 8, please delete "any one of claims 2 or 7 to 9" and insert --claim 2-- therefor.

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Respectfully submitted,

KRISTIAN BERG ET AL.

By their Representatives,

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
P.O. Box 2938
Minneapolis, MN 55402
(612) 349-9592

Date March 10, 2000

By Ann M. Mc Crackin

Ann M. McCrackin
Reg. No. 42,858